#### FORM D



## UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

#### FORM D

OMB APPROVAL
OMB Number: 3235-0076
Expires: May 31, 2005
Estimated average burden
hours per response.....16.00

12/1357

# NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR

| SEC USE ONLY  |  |        |  |  |  |  |
|---------------|--|--------|--|--|--|--|
| Prefix        |  | Serial |  |  |  |  |
|               |  |        |  |  |  |  |
| DATE RECEIVED |  |        |  |  |  |  |
|               |  |        |  |  |  |  |

| UNIFORM LIMITED OFFERING EXEMPTIF   | ON L                                   |               |                                     |  |  |
|---|--|---------------|-------------------------------------|--|--|
| Name of Offering ( check if this is an amendment and name has changed, and indicate change.)  |  | 11            |                                     |  |  |
| Initial issuance of Common Stock to founders Stant  | on and                                 | Wooda         | rd                                  |  |  |
| Filing Under (Check box(es) that apply): X Rule 504 X Rule 505 X Rule 506 X Section 4(6) Type of Filing: X New Filing Amendment   | ULUE                                   |               | E.                                  |  |  |
| - Sho or runds - The rund - runds - runds - runds   |  | 2000          | Merillon .                          |  |  |
| A. BASIC IDENTIFICATION DATA  | //s// 5t                               |               |                                     |  |  |
| 1. Enter the information requested about the issuer   |  | 55<br>@#      |                                     |  |  |
| Name of Issuer ( check if this is an amendment and name has changed, and indicate change.)  | 11                                     | 255           | <u>/c</u>                           |  |  |
| VIPTec, Inc.  |  | <b>2</b>      | <u> </u>                            |  |  |
| Address of Executive Offices (Number and Street, City, State, Zip Code) Te  | Telephone Number (Including Area Code) |               |                                     |  |  |
|   | 21) 242<br>elephone Numb               |               |                                     |  |  |
| Brief Description of Business   |  |               |                                     |  |  |
| Design development and manifesting of advanced bath   | A111 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | d110+-        |                                     |  |  |
| Design, development and marketing of advanced batt Type of Business Organization  | ery pro                                | aucts         |                                     |  |  |
| X   corporation   limited partnership, already formed   other (please to business trust   limited partnership, to be formed   | specify):                              | ROCI          | ESSED                               |  |  |
| Month Year  | A                                      | WG OE         | <del>2004</del>                     |  |  |
| Actual or Estimated Date of Incorporation or Organization: 016 014 X Actual Estimated   | N                                      | •             |                                     |  |  |
| Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:  |  | THOM<br>FINAN | SON<br>CIAL                         |  |  |
| CN for Canada; FN for other foreign jurisdiction)   | □┃                                     |               |                                     |  |  |
| GENERAL INSTRUCTIONS  |  |               |                                     |  |  |
| Federal: Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Sect 77d(6).   | ion 4(6), 17 CFF                       | R 230.501     | et seq. or 15 U.S.C.                |  |  |
| When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A no and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below o which it is due, on the date it was mailed by United States registered or certified mail to that address.   |  |               |                                     |  |  |
| Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.   | e.                                     |               |                                     |  |  |
| Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed photocopies of the manually signed copy or bear typed or printed signatures.   | ed. Any copies                         | not manua     | ally signed must be                 |  |  |
| Information Required: A new filing must contain all information requested. Amendments need only report the rethereto, the information requested in Part C, and any material changes from the information previously supplied in not be filed with the SEC.  |  |               |                                     |  |  |
| Filing Fee: There is no federal filing fee.   |  |               |                                     |  |  |
| State: This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securit are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exaccompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Action of the contraction | ies Administrat<br>xemption, a fee     | or in each    | state where sales oper amount shall |  |  |
| this notice and must be completed.  |  |               |                                     |  |  |
| ATTENTION — A file policy in the convenient state of the following least of the following   | i 0                                    |               | 40 4:1- 44-                         |  |  |
| Failure to file notice in the appropriate states will not result in a loss of the federal exempt appropriate federal notice will not result in a loss of an available state exemption unless suffiling of a federal notice.   |  |               |                                     |  |  |
| Persons who respond to the collection of information contained in this  | form are not                           |               |                                     |  |  |

SEC 1972 (6-02)

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

1 of 9

| A. BASIC IDENTIFICATION DATA  |  |  |  |  |  |  |  |  |  |
|---|--|--|--|--|--|--|--|--|--|
| 2. Enter the information requested for the following:   |  |  |  |  |  |  |  |  |  |
| • Each promoter of the issuer, if the issuer has been organized within the past five years;   |  |  |  |  |  |  |  |  |  |
| • Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer. |  |  |  |  |  |  |  |  |  |
| Each executive officer and director of corporate issuers and of corporate general and managing pa   | rtners of partnership issuers; and     |  |  |  |  |  |  |  |  |
| Each general and managing partner of partnership issuers.   |  |  |  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |  |  |
| Check Box(es) that Apply: Promoter 区 Beneficial Owner 区 Executive Officer 区 Di  | rector General and/or Managing Partner |  |  |  |  |  |  |  |  |
| Full Name (Last name first, if individual)  |  |  |  |  |  |  |  |  |  |
| Stanton, William E.   |  |  |  |  |  |  |  |  |  |
| Business or Residence Address (Number and Street, City, State, Zip Code)  |  |  |  |  |  |  |  |  |  |
| VIPTec, Inc., 4111 Stoney Point Road, Melbourne   | , FL 32940                             |  |  |  |  |  |  |  |  |
| Check Box(es) that Apply: Promoter X Beneficial Owner Executive Officer X Di  | rector General and/or Managing Partner |  |  |  |  |  |  |  |  |
| Full Name (Last name first, if individual)  |  |  |  |  |  |  |  |  |  |
| Woodard, Nathan, Ph.D.  |  |  |  |  |  |  |  |  |  |
| Business or Residence Address (Number and Street, City, State, Zip Code)  |  |  |  |  |  |  |  |  |  |
| 1478 North Wilson, Pasadena, CA 91104   |  |  |  |  |  |  |  |  |  |
|   | rector General and/or                  |  |  |  |  |  |  |  |  |
|   | Managing Partner                       |  |  |  |  |  |  |  |  |
| Pitman, Thomas Full Name (Last name first, if individual)   |  |  |  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |  |  |
| 188 Highline Drive, Oakland, MD 21550 Business or Residence Address (Number and Street, City, State, Zip Code)  |  |  |  |  |  |  |  |  |  |
| Susmess of Restuence Address (Number and Street, City, State, 21p Code)   |  |  |  |  |  |  |  |  |  |
| Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Di  | rector General and/or Managing Partner |  |  |  |  |  |  |  |  |
| Full Name (Last name first, if individual)  |  |  |  |  |  |  |  |  |  |
| , , , , , , , , , , , , , , , , , , ,   |  |  |  |  |  |  |  |  |  |
| Business or Residence Address (Number and Street, City, State, Zip Code)  |  |  |  |  |  |  |  |  |  |
| Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Dir   | rector General and/or Managing Partner |  |  |  |  |  |  |  |  |
| Full Name (Last name first, if individual)  |  |  |  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |  |  |
| Business or Residence Address (Number and Street, City, State, Zip Code)  |  |  |  |  |  |  |  |  |  |
| Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Dir   | General and/or Managing Partner        |  |  |  |  |  |  |  |  |
| Full Name (Last name first, if individual)  |  |  |  |  |  |  |  |  |  |
| Business or Residence Address (Number and Street, City, State, Zip Code)  |  |  |  |  |  |  |  |  |  |
| Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Dir   | ector General and/or Managing Partner  |  |  |  |  |  |  |  |  |
| Full Name (Last name first, if individual)  |  |  |  |  |  |  |  |  |  |
| Business or Residence Address (Number and Street, City, State, Zip Code)  |  |  |  |  |  |  |  |  |  |
| (Use blank sheet, or copy and use additional copies of this sheet, as ne  | cessary)                               |  |  |  |  |  |  |  |  |

|  | B. INFORMATION ABOUT OFFERING   |                      |                          |                      |                      |                      |                      |                      |   |                      |                      |                      |                      |
|--|---|----------------------|--------------------------|----------------------|----------------------|----------------------|----------------------|----------------------|---|----------------------|----------------------|----------------------|----------------------|
| 1.   | Has the is  | ssuer solo           | d or does th             | ne issmer i          | ntend to se          | II to non-s          | accredited           | invectore i          | n this offer                            | ina?                 |                      | Yes                  | No<br>527            |
| 1.   | 1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?  |                      |                          |                      |                      |                      |                      |                      | 🗆                                       | X                    |                      |                      |                      |
| 2.   |   |                      |                          |                      |                      |                      |                      |                      | \$ <u>N</u>                             | I/A                  |                      |                      |                      |
|  |   |                      |                          |                      |                      |                      |                      |                      |   |                      |                      | Yes                  | No                   |
| 3.   |   |                      | permit joint             |                      |                      |                      |                      |                      |   |                      |                      | _                    |                      |
| 4.   | 4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only. |                      |                          |                      |                      |                      |                      |                      |   |                      |                      |                      |                      |
| Ful  | II Name (La   | ist name :<br>N      | first, if indi<br>OT APP | vidual)<br>LICAB     | LE sal               | les ar               | e only               | y to f               | ounde                                   | rs of                | new c                | orpor                | ation                |
| Bus  | siness or Re  | esidence             | Address (N               | umber and            | d Street, Ci         | ty, State, 2         | Zip Code)            |                      |   |                      |                      |                      |                      |
| Nai  | me of Asso  | ciated Br            | oker or Dea              | ıler                 |                      |                      |                      |                      |   |                      |                      |                      |                      |
| Sta  | ites in Whic  | h Person             | Listed Has               | Solicited            | or Intends           | to Solicit           | Purchasers           |                      |   |                      |                      |                      |                      |
|  | (Check "A   | All States           | " or check i             | individual           | States)              |                      |                      | •••••                |   |                      | •••••                | . 🗌 Al               | I States             |
|  | AL<br>IL<br>MT<br>RI  | AK<br>IN<br>NE<br>SC | IA<br>NV<br>SD           | AR<br>KS<br>NH<br>TN | CA<br>KY<br>NJ<br>TX | CO<br>LA<br>NM<br>UT | ME<br>NY<br>VT       | DE<br>MD<br>NC<br>VA | DC<br>MA<br>ND<br>WA                    | FL<br>MI<br>OH<br>WV | GA<br>MN<br>OK<br>WI | HI<br>MS<br>OR<br>WY | MO<br>PA<br>PR       |
| Ful  | Il Name (La   | st name f            | irst, if indi            | vidual)              |                      |                      | ·                    |                      |   |                      |                      |                      |                      |
| Bus  | siness or R   | esidence             | Address (N               | umber an             | d Street, C          | ity, State, 2        | Zip Code)            |                      |   |                      |                      |                      |                      |
| Nar  | me of Assoc   | ciated Bro           | oker or Dea              | ler                  |                      |                      |                      |                      |   |                      |                      |                      |                      |
| Stat   | tes in Whic   | h Person             | Listed Has               | Solicited            | or Intends           | to Solicit           | Purchasers           |                      |   |                      | <del></del>          |                      |                      |
|  | (Check "A   | All States'          | " or check i             | ndividual            | States)              |                      |                      |                      | *************************************** |                      | •••••                | ☐ Al                 | 1 States             |
|  |   | AK<br>IN<br>NE<br>SC | IA<br>NV<br>SD           | AR<br>KS<br>NH<br>TN | CA<br>KY<br>NJ<br>TX | CO<br>LA<br>NM<br>UT | ME<br>NY<br>VT       | DE<br>MD<br>NC<br>VA | MA<br>ND<br>WA                          | FL<br>MI<br>OH<br>WV | GA<br>MN<br>OK<br>WI | HI<br>MS<br>OR<br>WY | MO<br>PA<br>PR       |
| Full   | l Name (Las   | st name f            | irst, if indiv           | /idual)              | ···                  |                      |                      |                      |   |                      |                      |                      |                      |
| Bus  | siness or Re  | esidence             | Address (N               | umber and            | d Street, Ci         | ty, State, 2         | Zip Code)            |                      |   |                      |                      |                      |                      |
| Name of Associated Broker or Dealer  |   |                      |                          |                      |                      |                      |                      |                      |   |                      |                      |                      |                      |
| States in Which Person Listed Has Solicited or Intends to Solicit Purchasers |   |                      |                          |                      |                      |                      |                      |                      |   |                      |                      |                      |                      |
| (Check "All States" or check individual States)                              |   |                      |                          |                      |                      |                      |                      |                      |   |                      |                      |                      |                      |
|  | IL<br>MT  | AK<br>IN<br>NE<br>SC | AZ<br>IA<br>NV<br>SD     | AR<br>KS<br>NH<br>TN | CA<br>KY<br>NJ<br>TX | CO<br>LA<br>NM<br>UT | CT<br>ME<br>NY<br>VT | DE<br>MD<br>NC<br>VA | DC<br>MA<br>ND<br>WA                    | FL<br>MI<br>OH<br>WV | GA<br>MN<br>OK<br>WI | HI<br>MS<br>OR<br>WY | ID<br>MO<br>PA<br>PR |

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

### C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

| 1. | Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box $\Box$ and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.   |                             |                            |
|----|--|-----------------------------|----------------------------|
|    | Type of Security   | Aggregate<br>Offering Price | Amount Already<br>Sold     |
|    | Debt   | S                           | _ \$                       |
|    | Equity   | 90.00                       | <u>\$ 90.00</u>            |
|    | Common Preferred   |                             |                            |
|    | Convertible Securities (including warrants)  | S                           | <u> </u>                   |
|    | Partnership Interests  | )                           |                            |
|    | Other (Specify)  | )                           | _ \$                       |
|    | Total  | 90.00                       | \$ 90.00                   |
|    | Answer also in Appendix, Column 3, if filing under ULOE.   |                             |                            |
| 2. | Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."             |                             | Aggregate                  |
|    |  | Number<br>Investors         | Dollar Amount of Purchases |
|    | Accredited Investors   | 2                           | \$ 90.00                   |
|    | Non-accredited Investors   | 0                           | <u>\$_0</u>                |
|    | Total (for filings under Rule 504 only)  | 2                           | <u>\$ 90.00</u>            |
|    | Answer also in Appendix, Column 4, if filing under ULOE.   |                             |                            |
| 3. | If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.   |                             |                            |
|    | Type of Offering   | Type of<br>Security         | Dollar Amount<br>Sold      |
|    | Rule 505   |                             | sO                         |
|    | Regulation A   | None                        | s0                         |
|    | Rule 504   | None                        | \$ <u>0</u>                |
|    | Total  |                             | <u>\$0</u>                 |
| 4  | a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. |                             |                            |
|    | Transfer Agent's Fees  |                             | ] \$                       |
|    | Printing and Engraving Costs   |                             | ] \$                       |
|    | Legal Fees   |                             | <b>\$</b>                  |
|    | Accounting Fees  |                             | ] \$                       |
|    | Engineering Fees   |                             | ] \$                       |
|    | Sales Commissions (specify finders' fees separately)   |                             | \$                         |
|    | Other Expenses (identify)  |                             | \$                         |
|    | Total  | _                           | \$ <u>O</u>                |
|    |  |                             |                            |

| S. Indicate below the amount of the adjusted gross proceed to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C — Question 4.b above.  Payments to Officers, Directors, & Affiliates  Other Carbon Commission of Carbon Commission of Carbon Commission of Carbon Commission Commissio |     | C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF   | F PROCI    | EEDS                   |                       |   |
|--|-----|---|------------|------------------------|-----------------------|---|
| each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C — Question 4.b above.  Payments to Officers, Directors, & Payme Affiliates  Purchase of real estate   |     | and total expenses furnished in response to Part C — Question 4.a. This difference is the "adjusted gro   | SS         |                        | <u>\$ 90.00</u>       |   |
| Salaries and fees  | 5.  | each of the purposes shown. If the amount for any purpose is not known, furnish an estimate ar check the box to the left of the estimate. The total of the payments listed must equal the adjusted gro            | nd         |                        |                       |   |
| Purchase of real estate  |     |   | Ć<br>Dir   | officers,<br>ectors, & | Payments to<br>Others | ) |
| Purchase, rental or leasing and installation of machinery and equipment  |     | Salaries and fees   | 🔲 \$       |                        | \$                    |   |
| and equipment  |     | Purchase of real estate   | 🔲 💲        |                        | \$                    |   |
| Construction or leasing of plant buildings and facilities \$\ \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \   |     |   | □ \$       |                        | □\$                   |   |
| Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)   |     |   |            |                        |                       |   |
| Repayment of indebtedness  |     | Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another   | _          |                        |                       |   |
| Working capital  |     |   | _          |                        | <del>-</del>          |   |
| Other (specify):  Column Totals  |     |   | _          |                        |                       | , |
| Column Totals  |     |   |            |                        |                       |   |
| Column Totals  |     |   |            |                        |                       |   |
| Column Totals  |     |   | \$         | <del></del>            | <b>S</b>              |   |
| The issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice is filed under Rule 505, the folignature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commission, upon written request of the information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of Rule 502.  Signature  VIPTec, Inc.  Date  June 29, 2004  Title of Signer (Print or Type)   |     |   |            | _                      | □\$ 90.00             |   |
| The issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice is filed under Rule 505, the folignature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commission, upon written request of the information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of Rule 502.  Signature  VIPTec, Inc.  Date  June 29, 2004  Title of Signer (Print or Type)   |     | Total Payments Listed (column totals added)   |            | □ s 9                  | 0.00                  |   |
| The issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice is filed under Rule 505, the folignature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commission, upon written request of the information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of Rule 502.  Signature  VIPTec, Inc.  Date  June 29, 2004  Title of Signer (Print or Type)   |     | D. FEDERAL SIGNATURE  |            |                        | <del> </del>          |   |
| VIPTec, Inc.  June 29, 2004  Title of Signer (Print or Type)  June 29, 2004  | igr | e issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this noti-<br>nature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Comm | nission, u | ipon writtei           |                       |   |
| lame of Signer (Print or Type)  Title of Signer (Print or Type)  |     | TPTec Inc   | 1          | 00                     | 0004                  |   |
|  | _   | Warmen Cr C James Co  | Jun        | e 29,                  | 2004                  |   |
| William E. Stanton President   |     |   |            |                        |                       |   |
|  | W   | illiam E. Stanton President   |            |                        |                       |   |

- ATTENTION -----

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)